

What to apply for with High Needs funding

This is a working reference document to support referrers when completing and considering High Needs referrals and reviews. Please contact Homelessness NSW on highneedspackage@homelessnessnsw.org.au to discuss questions, seek specific guidance, or request targeted information sessions with your service.

High Needs (HN) funding is additional funding for support needs which are unable to be appropriately met through mainstream and/or subsidised community services. This funding is administered by Homelessness NSW on behalf of Department of Community and Justice (DCJ). The High Needs panel constitutes independent experts who hold funding decision-making capacity, and may provide recommendations or service escalations where appropriate or available within their roles. Community Housing Providers (CHPs) are responsible for funding administration, monitoring and reporting expenditure to DCJ as part of the contractual obligations outlined in Letter of Variations (LoVs).

Some CHPs that subcontract support providers preference High Needs funding to be managed by the support provider where this best facilitates the use of approved funds. The CHP remains responsible for monitoring and reporting on High Needs funding expenditure to DCJ in these situations.

VI-SPDAT

The VI-SPDAT is the screening tool that helps to understand a person's level of vulnerability and whether an individual has needs that require a higher level of support. It is nationally recognised that a VI-SPDAT score of 10+ is expected for eligibility to a general Housing First program. Where an individual has a VI-SPDAT score of 15+ this indicates the existence of multiple and complex factors that suggest an individual may require long-term permanent support and would benefit from high needs funding.

VI-SPDAT scores should be considered as complementary to case coordination and the knowledge that a support worker, housing providers and health services hold. A VI-SPDAT score of 15+ is not a sole deciding factor and referrals can be considered where an individual has a smaller number of acute needs that significantly impact their housing stability, rather than a larger number of complex co-occurring issues. When the VI-SPDAT score is below 15 or unavailable, an explanation of your observations from working with this person is required to proceed to the panel. This may include details such as:

- The reason the survey score is not an accurate reflection of support needs.
- The change in circumstances which resulted in the score no longer being reflective.
- Barriers to completing the VI-SPDAT survey, and your understanding of their eligibility.
- Evidence that the current support package is not meeting the needs of an individual, and additional support is required.

Completing referral and review forms

Referring agencies need to outline how High Needs funding will enhance and align with existing supports. As individuals requiring High Needs funding will have complex vulnerabilities it is essential that the referral outlines planned or desired transitions into mainstream services, developed in consultation with the individual.

Assessment and planning is an ongoing process. It is unlikely that High Needs funding requests will meet all the needs of a person as our support needs and goals change over time. To best support your referral, Homelessness NSW recommend the information directly speaks into the following topics (where relevant):

- **Cultural considerations**
 - Identity and relationship with culture, family, community are important details in a referral as this enables the panel to understand the whole person and consider the cultural safety of requested interventions
 - Culturally-specific supports (i.e. identified worker, ACCO) may not be appropriate for a range of reasons, however if they have been explored and deemed inappropriate it is useful to outline this, so funding approval is not delayed by panel recommendations for exploration of an intervention that has already been declined by the person
- **Person-centred**
 - Inclusion of a person's voice, interests, preferences, values – referrers are encouraged to include the person being referred in open conversation about this funding to understand their priorities, in conjunction with case management or service goals
 - Referrals are practical, informed by the stage and place the person is currently at, and aligned with their current goals
 - Interventions are unique to the person's identified needs
- **Holistic case management**
 - Out-of-the-box requests are welcome, where these are clinically indicated / clearly evidencing a potential to bridge service gaps or improve outcomes of current support systems
- **Trauma-informed**
 - Language is respectful, non-blaming, and objective (particularly when discussing experiences relating to mental health, substance use, identity, ways of engaging and relating with services, lifestyle choices)
 - Interventions and providers are selected based on the person's history of service engagement and referrals outline these safety considerations, where appropriate
- **Barriers to receiving mainstream services in your area**
 - It is crucial that referrals outline the current and/or previous supports which have been explored / exhausted / not appropriate so the panel can consider the most suitable intervention
 - *This is particularly important to evidence for people within inner-city and metropolitan areas, where there is increased availability of subsidised services*
 - Barriers to accessing suitable services may be geographic, financial, individual, time-sensitive, cultural, structural etc
- **Sustainability of the intervention**
 - How will the person's support needs continue to be met beyond Together Home, when High Needs funding is no longer available to them?
 - HN funding is time-limited so the panel seek to understand how needs can be met ongoing so that essential services are not withdrawn when TH or HN funding ceases
 - Linking the funding request to transition plans, long-term case management goals and/or referral pathways

Developing rapport and understanding can take time, it is not expected that you know or request everything straight away. What is important is that referrers can demonstrate how this funding will benefit the person and their tenancy and how it can be sustained over a period of time. You can request additional funding as more needs become evident, or as they change.

What can I ask for?

The panel are open to considering all requests which directly relate to an individual's unmet support needs and transition goals. It is recognised that the costs of a support package will vary depending on a range of factors such as geographical location of available services, out-of-hour support requirements, and the availability of publicly funded services.

The High Needs funding is currently grouped into the following service types below, and these are outlined here to guide your thinking and discussions with the person you are considering for referral. **This is not an exhaustive list**, and you are welcome to contact HNSW with questions or ideas that you might like to discuss.

Service Type	Details	Have you considered?
Additional case management & support	This is for increased TH case management provision, and is not a supplement to service brokerage. Funding is for the support provider to respond to & maintain a clearly demonstrated need for increased hours of contact & support, to enable the caseload of the worker to be reflected accordingly.	<ul style="list-style-type: none"> • Other case management services to collaborate with (e.g. HASI) • Could support workers / in-home services / clinicians better suit daily living needs? • Is this a structured and time-limited intervention which builds capacity or responds to acute needs?
AOD rehabilitation	Services in the public or private system which deliver treatment, education and support to reduce their harms related to substance use. This might be provided through residential rehabilitation, outpatient programs, community services.	<ul style="list-style-type: none"> • Public rehabilitation / detox suitability and availability • Harm minimisation practices and community supports • Suitability of this intervention at this time, the person's motivation to access and goals in this treatment
Psychology and counselling	Therapeutic supports to improve wellbeing and management of mental health symptoms. It is helpful to note the expected duration and frequency of this intervention, and how these supports can be sustained beyond HN funding if there is an ongoing need.	<ul style="list-style-type: none"> • Mental Health Care Plan and Medicare subsidies available • Individual preferences for providers (e.g. gender, trauma, cultural) • Capacity of local public health system such as outpatient services, community mental health, PSS, HASI
Cultural services and support, rebuilding family connection	Services which promote connection to culture, country, Mob / identified family. These services can be multifaceted, ranging from yarning groups, to travel related expenses for visiting family members, to fostering and/or restoring cultural relationships with families.	<ul style="list-style-type: none"> • Culturally appropriate/ acceptable services that are deemed culturally competent and approved by both the individual and community • Mainstream services such as local ACCOs, AMS, STARTTS and government programs (e.g. Link-Up)
Education / employment support	This funding supports the vocational and schooling needs and services of individuals.	<ul style="list-style-type: none"> • Financial, disability supports provided by institution or job network provider • Business grants and financial supports offered by institutions

Life Skills Support	This funding supports the capacity-building of individuals via practical skills aiming to enhance their ability to maintain a tenancy, budget, cook and clean, access relevant support services and engage in relevant therapeutic services, where required. The panel look for tapered and time-limited funding of these supports, and their contribution to referral or improved engagement with ongoing mainstream services.	<ul style="list-style-type: none"> • What review points can be structured into this intervention to evidence the support is building the person's capacity or engagement with an ongoing mainstream service (e.g. NDIS, Aged Care) – what does 'success' look like? • Cultural considerations and suitability of providers
Neuropsychological assessment	An assessment of a person's cognitive, psychological, behavioural profile to inform diagnosis and treatment planning. These assessments are usually requested to support NDIS or DSP application on psychosocial disability or mental health grounds.	<ul style="list-style-type: none"> • Availability through public health system • Suitability of this assessment to meet the identified goal, as compared with psychiatric, psychological, occupational therapist assessments etc.
OT assessment and treatment	Occupational therapist can provide many assessments, and often this funding is for functional capacity assessments. These aim to holistically assess an individual's strengths and weaknesses to perform a range of physical and/or cognitive tasks, to recommend assistance in daily living.	<ul style="list-style-type: none"> • Availability through public health system or NDIA • Suitability of this assessment to meet the identified goal, as compared with psychiatric, neuropsychological assessment etc.
Application-related support	Other interventions required for application to NDIS, Aged Care, HASI, Centrelink, Legal Aid.	<ul style="list-style-type: none"> • Suitability/eligibility requirements of the individual for the service requested
Property maintenance & domestic services	These are not tenancy-related costs. Detailed evidence for the need of these services is required, including evidence of all options which have been previously explored. This includes capacity building supports provided to an individual to improve property care & maintenance and tenancy-related interventions which are a direct result of unmet support needs.	<ul style="list-style-type: none"> • CHP's role in maintenance, repairs and/or tenancy modifications required • Council clean-ups, social & community housing policy, rental tenancy agreements • Outlining type, efficacy, capacity of assistance delivered by TH providers • Rough Sleeper Loading • Community programs (e.g. Victim's Services, Inside Out Recovery)
Psychiatric assessments & treatment	This funding supports the assessment, diagnosis and treatment of mental health symptoms and conditions. It can also include specific assessments and reports, such as a forensic psychiatry court report and supporting documentation for NDIS.	<ul style="list-style-type: none"> • MHCP, PSS, NDIS, HASI, Community Mental Health, Outpatient services • Anticipated duration and intensity of treatment – is it possible to fund an initial consult and return for additional funding as clinically indicated in a treatment plan?
Specialist health assessments &	This funding supports the assessment and treatment for specialist health	<ul style="list-style-type: none"> • Whether an initial consultation should be requested first, after which

treatment (incl dental)	services – e.g. cardiology, rheumatology, vascular supports, as well as dental treatment. There are a wide range of eligible supports encompassed in this service type.	<p>additional funding can be sought – e.g. dental consultation for prospective dental treatment</p> <ul style="list-style-type: none"> • GP care plans to access Medicare subsidised services • Role of a multidisciplinary team in care coordination • Availability and suitability of public health services
Specialist trauma therapy	Therapeutic services to work with a person in complex trauma recovery.	<ul style="list-style-type: none"> • Whether an initial consultation should be requested first, after which additional funding can be sought
DFV supports	This supports the funding of services and support for people impacted by domestic and family violence and coercive control. Given the high coverage of DFV services across the state, the panel seeks to understand the limitations of available mainstream programs.	<ul style="list-style-type: none"> • Suitability and capacity of mainstream DFV services • Cultural safety, power dynamics and willingness to engage with these supports
Social support / activities, including exercise	This funding supports the recreational and physical needs of individuals, such as via gym, sport or other exercise services. It also includes community engagement supports to build social support networks and interests.	<ul style="list-style-type: none"> • How this service supports long-term goals and transition planning, and the sustainability of these interventions • Drop-in centres and community events available in the area • Mainstream services (NDIS) and recovery programs (HASI, CLS)
Transportation assistance	Transport assistance for individuals to access health and wellbeing services, support daily living and self-management, and/or engage in social, education or employment activities. For ongoing support, outline the mobility / transport challenges and mainstream service referral pathways being explored.	<ul style="list-style-type: none"> • Transport duration/frequency that is tapered, empowers agency and is capacity-building • Available concessions & subsidies (e.g. student Opal card, community transport)

The intent of High Needs funding is to respond to systemic, geographic, individual barriers to effectively meet the support needs of the Together Home cohort so that they can achieve their goals and sustain their tenancies. It is not designed to fund tenancy-specific needs such as arrears or tenancy debts. You can seek guidance on these matters through the DCJ TH program delivery team at togetherhome@dcj.nsw.gov.au and they are also a contact point to escalate any broader challenges or feedback on Together Home service delivery.

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